

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility, Enrollment, and Marketing Division

Street Address

1000 G Street, Room 440, Sacramento, CA 95814

Area Code/Phone Number

(916) 325-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton

Date Stamp

DATE RECEIVED
PRACTICES COMMISSION

RECEIVED
JAN 20 2011 3:36

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

CA Partnership of Health Care Advocates

Name

3131 Camino Del Rio, Suite 1100

San Diego

CA

92108

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars).

Travel Payment Information (Round to whole dollars) Location of Travel Garden Grove, CA

3/10 -11/2010	\$ 140.00	\$ 109.00	\$ 0	\$ 0	\$ 249.00
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

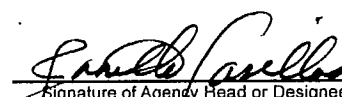
Travel scholarship for the Annual CPHCA Conference in Orange County to be a presenter and to provide updates on the Healthy Families Program and Health-e-App.

Identify the officials for whom the payment was used:

Lucero	Hilario	Staff Manager I	Eligibility Division
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Janette Casillas	Chief Deputy Director	3/25/2012
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)